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Borough of Kendal



ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1954

LIVERPOOL

C. TINLING AND COMPANY, LIMITED, PRINTERS, 53, VICTORIA STREET

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To the Mayor, Aldermen and Councillors of the Borough of Kendal.

SIR, LADIES AND GENTLEMEN,

I have the honour to submit to you my Annual Report upon the health of the Borough during the year 1954.

I wish to acknowledge the help and ready co-operation of my colleague the County Medical Officer of Health, and also the assistance afforded to me by the local general medical practitioners.

I am indebted also to the Chief Sanitary Inspector and his staff for the spirit of teamwork which exists in my department, and for the fund of local knowledge which they have laid at my disposal.

I have the honour to be,

Sir, Ladies and Gentlemen,

Your obedient servant,

FRANK T. MADGE,

Medical Officer of Health.

NATURAL AND SOCIAL CONDITIONS OF THE DISTRICT.

Area of the Borough in acres	...	...	...	...	3,705
Population at 1951 Census	...	...	...	...	18,541
Population (Registrar-General's mid-year estimate)	...	...	...	...	18,490
Inhabited Houses	...	...	...	...	5,966
Rateable Value	...	...	...	...	£148,466
Product of a Penny Rate	...	...	...	...	£586
Rate in the pound levied in 1954/55	...	...	...	...	24s. 2d.
Of which the County Rate was	...	...	...	...	19s. 0d.

Kendal is picturesquely situated in the valley of the River Kent, the greater part being on the west bank built on ground rising steeply in a series of terraced streets up Kendal Fell to about 300 feet above sea level. The buildings on the east bank are situated on undulating lowlands rising from 137 feet to 200 feet contour. The dale of Kendal runs north to south with the level of the eastern boundary varying between 500 and 600 feet and the western boundary between 300 and 600 feet above sea level.

The geology of the Borough is sharply divided by the Fellside. The steep eminence of Kendal Fell on the west is composed of carboniferous limestones which represent remains of the dome which once covered the Lake District, and the sharp division is caused by a fault in this system. To the east of this fault denudation has taken place and the out-cropping rocks are Kirkby Moor Flags of the Upper Ludlow Series of the Silurian System. Alluvial deposits and some Basement Conglomerates form the small northern area of the Borough.

The climate is mild and invigorating, the town is sheltered by the Fell from the prevailing westerly winds, and the open aspect to the south provides full access to sunlight. Temperature gradient inversions are frequent at night but are soon dispelled in the mornings. The rainfall normally varies between 50 and 55 inches a year and light falls of snow may be expected for one or two weeks in the late winter. The low-lying land in the north of the Borough is liable to flooding when the River Kent is in spate, but the town remains comfortably dry and free from mist or fog.

Economically Kendal serves a treble function. Primarily it is a market town, being situated in the heart of the southern portion of Westmorland and the centre of a large agricultural community within a radius of some eight miles. Secondly it is an important stopping place on the main A.6 road, where the heavy volume of motor traffic from the South divides into the portion destined for Scotland over Shap, and the portion heading for the Lake District. The former includes a high proportion of heavy lorry traffic which uses Kendal as a regular overnight

staging point, and the latter includes a very seasonal peakload of tourist traffic. Thirdly Kendal has become an important centre for light industries which have guaranteed constant employment to the inhabitants and brought considerable prosperity to the town.

The local industries include a wide variety of manufacturing processes, the chief of which are :—

Boot and Shoe Manufactory.	Tobacco and Snuff Manufactories.
Woollen Mills.	Breweries.
Engineering Works.	Carpet Manufactory.
Hosiery and Shirt Manufactories.	Stone and Lime Works.

In addition there are ample opportunities for employment in the shops, cafés, hotels, business premises, and laundries. At Oxenholme the inhabitants are mainly interested in the railway employment. The variety of these opportunities for both men and women has kept Kendal happily free from general unemployment and provided that economic security and prosperity which is a most important factor in the maintenance of the public health.

STAFF.

Name.	Qualifications.	Office.	Whole or Part Time.	Other Offices.
F. T. Madge ...	M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	Medical Officer of Health	Part	M.O.H. Combined County Districts of Westmorland
W. B. G. Rigg ...	M.R.San.I., Cert.S.I.B.	Chief Sanitary Inspector	Whole	—
J. H. Major ...	M.S.I.A., Cert.S.I.B.	Additional Sanitary Inspector	Whole	—
W. F. Mandle ...	A.R.San.I., Cert.S.I.B.	Additional Sanitary Inspector	Whole	—
C. Gibson ...	—	Clerk	Whole	—
B. M. Machell ...	—	Clerk to Medical Officer of Health	Part	Clerk to M.O.H. Combined County Districts of Westmorland

Staff Changes.

There were none during the year.

COMMITTEES.

The Minister of Health requires me to include a list of your Council's committees which are concerned with matters of public health.

The Health Committee deal with the principal matters, but there are other aspects of public health importance which are dealt with by the Water, Property and Streets and Sewerage Committees.

VITAL STATISTICS.

The following extracts are made from information supplied by the Registrar-General, with figures for 1953 for comparison :—

Area of the District in acres	3,705
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	1953	1954
Estimated civilian population (mid-year) ...	18,410	18,490
Live Births. Legitimate— Males	104	106
females	122	121
Illegitimate— males	4	5
females	6	5
Total	236	237
Crude rate per 1,000 population ...	12.8	12.8
Corrected Rate per 1,000 population	12.8	12.8
Rate for England and Wales ...	15.5	15.2
Stillbirths. Legitimate— males	—	2
females	1	3
Illegitimate— males	2	—
females	—	—
Total	3	5
Rate per 1,000 total (live and still)		
births	12.5	20.6
Rate for England and Wales ...	22.5	24.0
Deaths. Males	130	105
Females	147	107
Total	277	212
Crude rate per 1,000 population ...	15.04	11.5
Corrected rate per 1,000 population ...	14.3	10.3
Rate for England and Wales ...	11.4	11.3
Infantile Deaths (under 1 year)—		
Legitimate	10	3
Rate per 1,000 legitimate live births...	44.2	13.2
Illegitimate	1	1
Rate per 1,000 illegitimate live births	100	100
Total Deaths under 1 year	11	4
Rate per 1,000 live births	46.6	16.8
Rate for England and Wales ...	26.8	25.5

	1953	1954
Neo-natal Deaths (under 1 month)		
Total Neo-natal Deaths	10	4
Rate per 1,000 live births	42.3	16.8
Maternal Mortality		
Total Deaths	—	1
Rate per 1,000 total (live and still) births	—	4.1
Rate for England and Wales ...	0.76	0.69

Deaths from certain causes :—

	1953	1954
Cancer	38	35
Measles	Nil	Nil
Whooping Cough	1	Nil

The main causes of death were :—

Heart Disease	70
Vascular lesions of nervous system ...	48
Cancer	30

COMMENTARY ON THE VITAL STATISTICS

Population.

Your population at the 1951 Census was 18,541 made up of 8,521 males and 10,020 females. This was an increase of 2,225, or 13.6% over the previous census in 1931. Only some 2.6% of that increase was due to the excess of births over deaths and the net balance of 11% was due to people from outside coming to live in Kendal. The town has shown this steady growth for many decades, and its rate has been kept in check mainly by the current shortage of houses from time to time.

1954 again showed an excess of births over deaths of 25. The Registrar-General's estimate of the mid-year civilian population was 18,490.

Birth Rate.

The birth rate was the same as last year and is still appreciably below the national level.

Death Rate.

The death rate is much the same as the average for the rest of England and Wales, and the general downward trend of the past 100 years is being maintained. The proportion of old persons in your community is likely to increase markedly during the next decade.

Infantile Deaths.

The infantile death rate in 1954 showed a very welcome improvement. All were neo-natal deaths.

In spite of the setback of recent years your long term trend has been downwards and there are signs that we are approaching the hard core of "unavoidable" infant deaths. It does not appear likely that science will be able to prevent developmental abnormalities, but there are high hopes that blood tests and the increased availability of obstetrical specialists will help to reduce the number of neo-natal deaths. The general trend reflects an improvement in child care by the local doctors, nurses and, above all, by the young mothers in their homes.

Maternal Mortality.

There was one maternal death.

PREVALENCE AND CONTROL OF INFECTIOUS AND OTHER DISEASES.

Public Health Act, 1936. Sections 143-170.

National Health Service Act, 1946. Part III.

The general level of sickness was around the customary winter level during the first quarter of 1954, and then showed the expected seasonal decline to midsummer. Throughout the autumn and early winter the figures rose at a faster rate than normal, so that by December we had already reached the level of the usual February wintertime peak. I believe that this undue incidence of general sickness was attributable to the very wet and sunless summer of 1954 lowering peoples' resistance to colds, influenza and other respiratory infections. I am grateful to the Ministry of National Insurance for furnishing the weekly figures for claims for sickness benefit at local offices.

There were very few notifications of infectious disease during 1954. A mere handful of measles marked the period of freedom between Kendal's biennial epidemics, and the 1953 outbreak probably did not leave many susceptible children in the town. We are due for our next epidemic during 1955 if the disease keeps to its customary schedule. One convenience of having measles in Kendal is that the epidemics characteristically happen in the summertime so that the risks of complications are much reduced, and its cyclical recurrence on a two yearly programme will some day provide a useful comparison when we know how to stop the disease. The cycle is, of course, produced by the time it takes to build up a sufficiently large proportion of susceptible children in the general community; the usual time in the big cities is 18 months and in our rural areas it extends to several years.

The incidence of Sonne dysentery seems to have abated after its prevalence in recent years; the cold summer may have minimised these foodborne infections, and it would be pleasing to think that better food hygiene in shops and homes has also played a part.

Four cases of mild infantile paralysis occurred. The first was in July and was a sporadic case. In October another case was probably associated with a similar infection in South Westmorland Rural District through a clearly defined chain of apparently symptomless adult carriers. The two further cases which occurred at the end of October were both from one household, and there were also some suspicious contacts. Although all these particular cases were mild, special vigilance was kept up to the end of the year. Polio is certainly a dreadful disease, but it is apt to receive more flesh-creeping publicity than its attack rate and usual

outcome really warrant. I wish we knew more about how it is carried from one person to another, because then we might be able to stop it.

It is pleasing to record that the notification of infectious diseases has much improved in recent years, and I am very grateful to my colleagues in general practice for their prompt help in this respect. I look upon the control of notifiable disease as one of the most important duties of our department. Patterns of thought change from time to time on these subjects, but the notifications provide the factual basis for controlling the spread of infections.

Whooping Cough.

Whooping cough is being brought under control with depressing slowness. Artificial immunisation has been available for well over ten years and has been privately sought for the children by most of the intelligent parents in the country. The delay lies in its recommendation to that section of the community who have come to rely upon centrally inspired propaganda to direct their way of life. Although the antibiotic drugs have reduced the complications, whooping cough remains a very lethal illness during the first few months of life, and a very distressing affliction at all ages. I believe that it could be virtually wiped out with a little more popular understanding and a lot more effort.

Measles.

Measles remains a disease which visits the area with periodical regularity. No effective artificial immunisation is yet available but the use of antibiotic drugs has greatly reduced the incidence of pneumonia and ear disease complications in measles. It is in the first year of life that measles is such a deadly disease, so every effort should be made to keep babies away from infection. At one time "measles tea parties" were popular as a means of getting a family through the illness all at once, but it was hard on the younger members, and I would say that the longer you can put off having measles, the better will be the chances of complete recovery.

German Measles.

German measles is not notifiable, so I do not know how many cases occurred. Expectant mothers who contract german measles during the early part of pregnancy run an added risk of their children being born deaf, so it seems quite a good idea to get over this mild illness during school days, because the odds are that most people catch german measles some time in their lives.

NOTIFIABLE DISEASES TABLE.

DISEASE.	Total.	Ages										Admitted to Hospital	Deaths.	
		-1	1-	2-	3-	4-	5-	10-	15-	20-	35-			45-	65-
Scarlet Fever ...	3	—	—	1	—	—	2	—	—	—	—	—	—	—
Whooping Cough ...	20	1	3	1	4	5	6	—	—	—	—	—	—	—
Measles ...	5	—	1	—	—	3	1	—	—	—	—	—	—	—
Pneumonia ...	1	—	—	1	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection...	2	—	1	—	—	—	—	—	—	—	1	—	—	1
Dysentery... ..	2	—	—	—	1	—	—	—	—	—	—	1	—	—
Puerperal Pyrexial ...	3	—	—	—	—	—	—	—	1	2	—	—	—	—
Acute Poliomyelitis (non paralytic) ...	4	—	—	—	—	—	1	1	—	2	—	—	4	—
Erysipelas...	2	—	—	—	—	—	—	—	—	—	1	—	—	—
TOTAL ...	42	1	5	3	5	8	10	1	1	4	2	1	4	1

Scarlet Fever.

Scarlet fever has been insignificant for many years and the illness is now normally nursed at home. Its continuance as a separate entity can hardly be justified, for it is merely one manifestation among many of infection with the haemolytic streptococcus organisms. The antibiotic drugs now cut short its progress and prevent its complications. I believe that scarlet fever should cease to be notifiable.

Diphtheria.

Diphtheria has not occurred since 1945. Artificial immunisation appears to have almost abolished diphtheria and I hope that serious epidemics of this deadly disease have been banned for all time. I wish to thank the local doctors and nurses for their efforts to secure artificial immunisation of every baby before the first birthday and the school medical officers for their part.

Smallpox.

Smallpox swept this countryside from time to time until some 50 years ago, when widespread vaccination checked its progress and vigilance at the sea ports prevented its importation. A generation has grown up which is blinded by the complacency of false security, not yet realising that air travel has made smallpox once more a very real risk to the community. Persons from abroad, who may be incubating the disease, arrive in this country well within the incubation period. It is most important that all children should be vaccinated in infancy, and that adults should keep themselves protected, rather than rush in belated panic for mass vaccination when an outbreak occurs. The present low vaccination state of the population is inviting trouble from this disfiguring and often fatal disease. I cannot stress too strongly the wisdom of taking obvious precautions against preventable diseases.

TUBERCULOSIS.

Tuberculosis is the most important communicable disease of our time. Its prevention is primarily dependent upon social and economic factors in the general community, and secondarily upon the management of the established case. Your Council's functions are three-fold ; to investigate the source of infection, to prevent the spread of infection, and to remove conditions favourable to infection.

Investigation of the source of infection relies upon notification. Inquiries are made into the home and working conditions of the patient and into any outside possible sources of infection. Additional assistance is provided by the mass miniature radiography units of the Regional

Hospital Boards, which offer free X-ray examination in each locality from time to time, and not only reveal the infectious cases but enable early cases to be offered the best possible chances of recovery.

The Unit visited Kendal during 1954 when 7,345 persons were X-rayed, a commendable increase upon the 5,752 examined at the previous visit in 1952. Of course, some of the people who attended came from areas outside the Borough, and the summertime visit, coupled with more centrally situated premises, certainly helped to swell the numbers. All the same, we would like to see more and more people take advantage of the service for their own sakes.

This 1954 visit discovered 7 men and 3 ladies with previously unknown active pulmonary tuberculosis, as well as quite a number of other chest abnormalities. I regard the value of these X-Ray visits as very great and I only wish that they could come to Kendal more often.

Preventing the spread of infection depends mainly upon the management of the established case. Ideally, the infectious patient should be isolated, but the serious shortage of beds and nurses in sanatoria causes many cases to remain outside. This is usually to the detriment of the patient and it creates a very serious reservoir of infection leaking into the general population.

If isolation in hospital is denied, reliance has to be placed on education of the patient in personal precautions, and your Council endeavour to ensure that the home conditions are such that an infectious patient is not compelled to share a bedroom with other members of the family who are still healthy, and where possible to rehouse young families who are sharing a house with infectious tuberculosis patients—rather an inadequate and pathetic makeshift.

Prevention of tuberculosis extends beyond the home. Your Council have the duty of ensuring that an infectious patient is not employed in dairying or food handling, and persuasion is occasionally needed to avoid the undesirability of such a patient carrying on certain other employment which would create an especial risk to susceptible contacts. In many other workplaces control is impotent and spread may be unchecked. Perhaps immunisation with B.C.G. vaccine may protect susceptibles.

Removing conditions favourable to infection embraces the whole range of environmental preventive medicine. Housing and nutrition are probably the major factors. Slum clearance, reconditioning of houses, relief of overcrowding are the first steps, for tuberculosis thrives in damp, dark, congested dwellings, whether they may be sited in an urban slum or rural solitude. Nutrition is undoubtedly significant in the prevention

TUBERCULOSIS TABLE.

Age Periods.	NEW CASES.				DEATHS.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
0	—	—	—	—	—	—	—	—
1	1	—	—	1	—	—	—	—
5	—	—	—	1	—	—	—	—
15	3	1	—	—	—	—	—	—
25	3	1	—	—	—	—	—	—
35	2	1	—	1	—	—	—	—
45	—	—	—	—	1	—	—	—
55	2	—	—	—	1	—	—	—
65	—	—	1	—	—	—	1	—
TOTAL ...	11	3	1	3	2	—	1	—

Two of the notified cases were transfers from other areas and one non-respiratory case died during the year.

The number of tuberculosis patients on the register at the year end were :—

Respiratory ...	...	129
Non-Respiratory	...	15
		<hr/>
		144
		<hr/>

of infection and in the early arrest of tuberculosis. Protective foods are expensive to buy, medical treatment is free.

The increase in attested herds, the eradication of tuberculous cattle, and systematic meat inspection are making notable progress in removing conditions favourable for bovine infection to be transmitted to man.

The supervision of dusty trades under the Factories Act reduces the risk of lung damage which may predispose to tuberculous infection, and the workers in these occupations are especially surveyed by the X-ray units.

Your Council have therefore very considerable responsibilities in accepting the challenge of tuberculosis.

Hospital and Ambulance Arrangements for Infectious Diseases.

National Health Service Act, 1946, Parts II and III.

Hospital accommodation for infectious diseases is provided by the Regional Hospital Board, Manchester, at Beaumont Hospital, Lancaster, a modern and well-equipped building, within easy reach of the area under modern transport conditions.

Smallpox cases will be admitted to the Ainsworth Smallpox Hospital near Bury.

Ambulance transport for cases of infectious disease is provided by the Westmorland County Council and is based in Kendal.

Disinfection Arrangements.

Disinfection in connection with infectious diseases or for other public health reasons was carried out in 23 houses during the year. There is a steam disinfectant at Parkside Road which is available to other local authorities and private bodies.

HOUSING.

The Housing Acts, 1936 and 1949.

Under the Housing Acts your Council has a duty to consider the general housing conditions in your district, to ascertain whether any are unfit for human habitation, and to assess the need for further houses. You have powers to deal with unfit houses, powers to provide new houses for all classes, and various powers and duties in the management of your Council's housing estates. Good housing conditions are an integral part of public health.

Present Housing Position.

Housing Act, 1936. Section 57.

The number of inhabited houses in your Borough is 5,966. With an estimated population of 18,490 the average number of persons per house is 3·2. This is not a high figure for a desirably sized family but many of the houses have only one or two occupants.

On the Council estates it is not uncommon to find more than one family unit in each house, and although this leads to domestic and personal difficulties it usually does not constitute overcrowding within the strict definition of the Housing Act, which assumes that living rooms are used also for sleeping purposes, and that the sexes can be segregated irrespective of age, health or family relationships. Assessment of overcrowding based on a minimum bedroom standard is long overdue and would provide a more realistic picture of the domestic difficulties which are reflected in the application lists for new houses. It is hard to reconcile the figure of 3·2 persons per house with the large number of applicants for new houses. The neighbouring areas of South Westmorland and Windermere are considerably used as dormitories for Kendal, and this overspill factor complicates the complete picture of housing in the Borough.

About half the houses are of relatively recent construction, built since the end of the 1914-18 war. About one-third of the total houses in the Borough are municipally owned and provided with modern amenities. It can also be assumed that the others built by private enterprise in this period are similarly of good quality.

About another 40 per cent. of the houses were built before 1920, but appear to be structurally sound, and most of them have modern amenities. A few are poorly arranged on account of their proximity to bad property.

The rest of the houses include a lot of very old property in poor structural condition and badly arranged. In addition to their disrepair

and sunless congested position in ill-paved yards, they lack the essential amenities of separate sanitary accommodation, hot-water systems, baths, cooking facilities, food stores and separate gardens or yards. Most of them will soon be swept away.

General Progress of Slum Clearance and Improvements.

Westmorland as a whole has made very encouraging progress in post-war slum clearance despite all the difficulties of the times. Since the campaign was resumed in 1948 well over 370 houses in the County have been dealt with by formal action under the Housing Acts. Most of these will eventually be demolished or converted to trade use, but about 15 per cent. of them have been reprieved by their owners undertaking to spend considerable money for comprehensive reconditioning up to modern standards. In addition to those formal actions there have been a very creditable number of informal schemes for the renovation of sub-standard houses, either with the aid of improvement grants or entirely by private enterprise. The aim is to save a house wherever possible, but if it cannot be brought up to an acceptable standard of safety, decency and amenity the sooner it is swept away the better.

The autumn of 1948 saw the resumption of post-war slum clearance in both Kendal Borough and South Westmorland Rural District, the two associated areas which I had to consider together on account of the overspill factors. I prepared a slum clearance policy which aimed at dealing with an average of 20 houses per year in each of the two districts, the phasing to be adjusted according to tactical considerations.

I chose the figure of 20 condemnations per year because each area was planning to build 100 new houses per year by the combined efforts of the Council and private enterprise. It aimed at condemning one slum house for every five new houses built. The new building rate was maintained at an average of 100 houses per year, so slum clearance kept pace in its 1 to 5 ratio. So much for the strategy.

The phasing of slum clearance was handled on a tactical basis, and the timing was adjusted to suit the ability of our various departments to undertake the work without upsetting the balance of our other duties, the changes in the pace of new building and reletting, the foreshadowing of legislation to recondition old houses, and the Town and Country Planning policies for future re-development.

That slum clearance policy was maintained and yielded the estimated results. There was of course the inevitable time lag in rehousing and physical clearance, but that record of 6 years of solid, post-war achievement in slum clearance reflects great credit upon Kendal Borough and

South Westmorland Rural District, as it was made in very difficult times, and we are now in the happy position of having a flying start over most of the rest of Britain.

The opportunities afforded by improvement grants may save many houses which otherwise will become condemnable during the next ten years. After allowing for the above factors, the Chief Sanitary Inspector and I estimate that roughly between 300 and 350 houses are ripe for slum clearance action within Kendal Borough. I believe that those will have to be demolished, and suggest that figure as a basis for the guidance of your Council in assessing the long term of new building in the next 10 or 15 years.

The pace of slum clearance action during the next 10 years will be measured against the general housing need, just as it has been so measured during the past five years. I regard that average pace of 20 condemnations per year as the minimum rate for the future ; but on that basis it would take about another 17 years to clear the slums, and some acceleration is desirable, particularly in view of the inevitable time lag in rehousing and physical clearance.

I have in mind a scheme for officially condemning the 300 to 350 slum houses within the next ten years, which would mean accelerating the pace to an average of 30 to 35 houses per year. I believe that such a pace would be within the capacity of the department and quite compatible with new building ability. In this respect it is helpful to examine the pre-war records.

In the 30 years from 1919 to 1948 there were just on 600 condemnations of slum houses in Kendal, which gives an average pace of 20 per year, but those three decades contained the first 13 years when only a handful of houses were condemned, and the period of World War II when slum clearance was halted. Kendal's main slum clearance achievements lay between 1931 and 1939. During those very active nine years, about 560 condemnations were made, which represent an average pace of some 62 per year, with a peak of 178 in 1935. In the same nine years the rate of new building was an average of about 140 per year, with a peak of 311 in 1935, and the approximate number of applicants on the waiting list for rehousing was recorded as 468 in 1931.

Measured against those pre-war figures must now be assessed the feasibility of attaining the much more modest proposal to maintain an average pace of 30 to 35 houses per year in slum clearance during the next ten years. I believe that it can be done. The phasing of that future slum clearance programme will continue to be governed by the same

factors which obtained during the last five years, and the tactics will be devised accordingly.

Financial considerations may make it expedient for as many slum houses as possible to be dealt with during the first period, and therefore priority will be given to condemning the worst of them. Within that general policy, the next point to receive consideration will be the clearance of those sites which will facilitate redevelopment of the centre of the town. As the proposed slum clearance programme proceeds, the fullest possible use will be made of the provisions for the repair of dilapidated houses, the improvement of sub-standard houses, and the conversion of suitable premises into extra houses.

I propose also to continue to co-ordinate the slum clearance programmes of Kendal Borough and the surrounding area of South Westmorland Rural District. Just as the programmes of the past five years have reached their respective targets, so I am confident that the programmes for the next ten years will meet with similar success. If the long-term strategy is sound the tactical details can remain flexible. So much for the wider aspects of slum clearance, and now follow the details of local progress in the Borough. The formal return is set out in Appendix "B".

Closing Orders.

Housing Act, 1936. Section 12.

Local Government Act, 1953. Section 10.

Four closing orders were made during the year. The total number of houses subject to closing orders is 65, of which 8 relate to houses which are still occupied.

Undertakings not to use for Human Habitation.

Housing Act, 1936. Section 11.

Four undertakings were accepted during the year.

The total number of such undertakings in force is 117, of which 19 relate to houses which are still occupied.

Undertakings to execute remedial works.

Housing Act, 1936. Sections 11 and 12.

No offers were made for the reconditioning of unfit houses under these sections of the Act.

Demolition Orders.

Housing Act, 1936. Section 11.

No demolition orders were made during the year.

The total number of outstanding demolition orders is 32, of which 10 relate to houses which are still occupied.

Two houses subject to demolition orders were demolished during the year.

Clearance Areas.

Housing Act, 1936. Section 25.

Your Council have made good progress since the war with clearance areas by compulsory purchase orders in White Lion Yard, Far Cross Bank and Captain French Lane, and by their voluntary demolition of Abbott Hall Square. Far Cross Bank clearance area No. 2 was demolished during 1953, White Lion Yard was nearly cleared at the year end, and the others were progressing satisfactorily. Only 18 houses awaited removal of the tenants.

Our departmental action during the year was devoted to consolidating the position and regrouping for the next attack on the remaining slums. Preliminary inspections have been made with a view to proceeding with clearance areas on Fellside.

Redevelopment Areas.

There are no outstanding specified redevelopment areas, but there are zones in the central part of the Borough which will be conveniently represented under the Town and Country Planning Act, 1947, as areas of obsolete development. If these powers are wisely applied there will be excellent opportunities for replacing the squalid jumble of decaying property by a new layout of the centre of Kendal more in keeping with the spirit of the present century.

Condemned Houses Occupied by Licence or Requisition.

Three houses remain occupied under your licence issued under Defence Regulation 68A for the housing of Bombed-out persons.

Six houses are still occupied under your requisition under Defence Regulation 51 for the accommodation of persons inadequately housed during the war. The continued use of such property is to be deplored.

Estimated Requirement for New Houses.

Housing Act, 1936. Section 71.

The Housing Act, 1949, enlarged the responsibilities of your Council for the provision of new houses to accommodate all classes of the community. Under the older Acts of Parliament your powers and duties were limited to what were then termed the working classes.

At the end of the war in 1945 it was estimated that your current requirement for new houses was about 750. Up to the end of 1954, 807 new houses had been built by the combined efforts of your Council and private enterprise, but the waiting-list at the year end was still about 750.

Waiting-lists need to be assessed with caution as occasional checks show some degree of inflation, but there are probably some other families which have not applied, and although many of the folk who wish to improve their way of living are included in our slum clearance programme there may be some who will have to be rehoused even if they are contented with their slum conditions.

Although it is not practicable to arrive at a precise figure for your present new housing needs I suggest that between 450 and 500 is a probable maximum range, bearing in mind that private enterprise has now resumed its valuable contribution to individual tastes, and that it might not be desirable for the Borough to become too top-heavy with municipally subsidised houses.

Housing Schemes.

Housing Act, 1936. Section 72.

The Sandylands Estate of 242 houses was completed during 1950. Since then your Council have been developing the Hall Garth Estate, on which 355 houses had been completed by the end of 1954, and another 54 were under construction. Contracts for a further 54 and 80 houses were placed during the year.

I would again stress the desirability of some central development with flats for old people and smaller families. The Ministry of Health's suggestion for terrace houses might be usefully applied to the central areas.

Building Progress.

(a) By the Local Authority.

Since the end of the 1939-45 war and up to the 31st December, 1954, your Council completed 602 traditional houses, 40 prefabricated bungalows and 9 flats at the old isolation hospital. An additional 54 were under construction at the year end. 74 were completed during 1954.

(b) By Private Enterprise.

Post-war progress has been limited to 165 houses completed and 27 under construction. 44 of these houses were completed during 1954 and there have been 3 dwellings made from the conversion of larger premises.

Tenants Selection.

Your Council adopts the methods of selection of tenants for Corporation houses by consideration of application cards, and personal knowledge of the applicants and their needs. There is no system of points, nor is there anonymity. This results in a considerable amount of personal canvassing by the more persistent applicants.

Your Tenants Selection Committee has been most sympathetic and has rehoused certain persons upon medical grounds at my representation. The public health has incidentally been safeguarded by the removal of these cases to separate dwellings.

Housing Management.

The Corporation own approximately 1,829 houses which will require increasing attention and very soon you will own nearly 2,000. Many visits were made by the Sanitary Department during the year in connection with the public health aspects of housing management on the municipal estates. The rents of your houses range between 7s. 9d. and 15s. 9d., exclusive of rates. The rateable values vary between £9 and £22.

The examination of rentals and rates may not seem at first to have much to do with public health, but it does have considerable significance. It is not unknown for persons who have been rehoused from poor quarters into modern Council houses to have to pay their rent and rates from the portion of their income which rightly belong to the purchase of food. Domestic economy can effect the general standard of the public health almost as much as environmental conditions, and some attempt must be made to maintain a balance between these conflicting factors.

Verminous Houses.

Public Health Act, 1936. Section 83-85.

Bed bugs were found in one house. The Department checked the accommodation and effects of successful applicants prior to their removal to Council houses. In all cases where bed bugs were suspected the furniture and effects were removed by the Health Department and treated with cyanide before delivery.

Three old Corporation houses which were bug infested were sprayed with insecticides prior to re-occupation. During the year 10 abnormal infestations of fleas were discovered and dealt with; 36 rooms were treated and in 3 cases bedding and soft furnishings were steam disinfected. 380 visits were made in connection with this work. This entailed many visits outside normal working hours and the staff required much tact in this important work.

Nuisances and Notices.

Public Health Act, 1936. Sections 91-100.

During the year 748 inspections of dwelling-houses and 205 inspections of yards were made and 101 visits were made to investigate complaints in houses. The following action resulted :—

Preliminary Notices served	...	...	129
Statutory Notices served	...	...	3

In no case was it necessary to obtain an Abatement Order from the Court.

Dangerous Buildings.

Public Health Act, 1936. Section 58.

The operation of these provisions lies with the Borough Engineer, who reports the following action undertaken during the year :—

No Statutory Notices were served under the Act and 2 Informal Notices were sent.

It appears probable that some of the houses subject to undertakings will have to be dealt with under these powers as they are becoming progressively derelict.

Tents, Vans, Sheds and Moveable Dwellings.

Public Health Act, 1936. Sections 268-269.

14 visits were paid concerning tents, vans, and sheds, and in every case it was moved within a few days.

There are no licensed camping sites within the Borough and no individual licence is in force.

WATER SUPPLIES.

Water Act, 1945.

Kendal has an abundant water supply from both overground and underground sources, and ample storage capacity in the reservoirs. There are only 45 houses in the Borough which do not obtain their water from the Corporation mains, 13 of these are connected to the Thirlmere aqueduct, and the remainder are served by wells and surface water private installations.

The overground sources are upland surface gathering grounds, lying to the east of the Borough, with a run off from rocks of the Kirkby Moor Flags in the Upper Ludlow Series of the Silurian System. The Catchment Area is about 400 acres in extent, feeding all three of the reservoirs.

The main reservoir is at Fisher Tarn, which has a capacity of 117,996,000 gallons. The tarn is fed by five main runners and by springs in the floor of the reservoir.

Upper Birds Park Reservoir has a capacity of 3,000,000 gallons. Lower Birds Park reservoir has a capacity of 14,784 gallons. Upper Birds Park normally overflows into Lower Birds Park, but there are two 2-inch and one 6-inch siphons for use when by-washing ceases, and Lower Birds Park can also be fed by a 6-inch main from Fisher Tarn.

These three reservoirs therefore provide very generous storage capacity, amounting to about six months' supply. The annual consumption is 41 gallons per head per day, including all industrial works.

The underground source of water is at Mints Feet, which is a shallow well near the bank of the River Kent on the north of the town. The well is 55 feet by 40 feet and 5 feet depth of water at rest level, with open jointed stone linings and uncovered. It is liable to flooding by the River Kent in times of spate, and it requires weeding twice a year. This supply comes from the river and the alluvial deposits of the valley bottoms and has been inexhaustible with the present pumps. The safety of this supply is entirely dependent upon chlorination and there is no second line of defence.

I do not like Mints Feet Well. The source is dangerously polluted with sewage and surface water and I do not consider that hypochlorination is an adequate safeguard. I would prefer to see this well abandoned, but if it is essential to retain it, I feel that its use should be restricted to dire necessity under a very strict supervision of the chlorination technique.

Following the visit in July, 1951, of an Engineering Inspector from the Ministry of Local Government and Planning, I was instructed to furnish a detailed report on the adequacy of the precautions taken to safeguard the public health from the dangers of this water supply. I presented the report in September, 1951, and at the request of the Minister your Council sought technical advice to improve the position.

Your technical advisers recommended modification in the dosing points and the installation of a second chlorinator to work in parallel with the present machine, with the introduction of an alarm system to indicate any mechanical breakdown. Your Council adopted that advice and the work was completed during 1954. Naturally I am glad to see these improvements, but I do not withdraw my suspicions about its safety. I have pointed out the risks and now your Council carry the responsibility.

At the same time I have recommended for several years that efforts should be continued to reduce the sewage pollution in the neighbourhood of this shallow well. The provision of latrines on your Council's

Jubilee Playing Field would minimise the present objectionable practice of indiscriminate excretion on the ground, and similar steps are needed to improve the sanitary arrangements on the other private small sports grounds in the vicinity.

The distribution system is mainly by gravity but there is a Booster at Best Banks to improve the pressure in the Greenside area. There is a service reservoir fed from Fisher Tarn at Bolefoot, Oxenholme, with a capacity of 30,000 gallons.

Treatment by chlorination is carried out on all the supplies with apparatus at Greyhound Farm, Birds Park and Mints Feet. Bacteriological examinations are carried out monthly and full chemical analyses are made half-yearly, and the results are set out in Appendix "A" herewith.

Safeguarding of the purity of the upland supplies is further ensured by the regular and frequent inspection of the gathering ground and by particular attention to the health of the workmen and fishermen on the reservoir.

I have no official knowledge of the quantity or quality of the private water supplies.

I am indebted to the Water Engineer for furnishing the technical data in this section.

SEWERAGE.

Water Carriage.

Public Health Act, 1936. Section 47.

7,300 water closets of the washdown or washout type are estimated to be fitted in the Borough. There are 55 trough-closets, 16 privies and four pail closets still in use.

Public Conveniences.

Public Health Act, 1936. Section 87.

Public conveniences fairly well serve the centre of the town, although better signposting would help visitors to find them. Proper supervision of conveniences is difficult and they have suffered much wanton damage by hooligans.

New conveniences were provided at the Market Hall to serve the Stricklandgate car park, and your Council were considering enlarging the premises on the New Road. The long distance bus passengers are still left in much discomfort in Sandes Avenue.

Sewerage System.

Public Health Act, 1936. Section 14.

Most of the Borough is served by the public sewers, but about 150

houses remain dependent upon cesspools. Some of the sewers are overloaded and require enlargement. Certain ancient drains communicate with surface water channels and cause occasional pollution of the river by crude sewage. These are being remedied as they are discovered.

Sewage Disposal.

Public Health Act, 1936. Section 15.

Sewage disposal is carried out at Wattsfield in the south of the Borough. These works were opened in 1909 with extensions in 1919-20, and comprise coarse screens with detritus tanks, whence it is carried by rotating distributors to circular filter beds. It is then passed through humus tanks before being discharged into the River Kent. The effluent has been satisfactory in quality.

Sludge is pumped on to drying beds on the adjacent land, and special treatment is given to the gasworks liquor. There are adequate storm-water tanks.

The average dry weather flow of crude sewage dealt with at the works is 1,050,000 gallons per day. The plant is under the control of the Borough Engineer and has at all times been operated efficiently and without nuisance—a high tribute to any sewage disposal works.

New Sewerage.

New sewerage was laid for the development of the Hallgarth Estate.

PUBLIC CLEANSING.

Refuse Collection.

Public Health Act, 1936. Section 72.

With a very few exceptions in the remote parts of the Borough there is a weekly removal of refuse carried out under the supervision of the Chief Sanitary Inspector. 872 houses have been added since 1945.

Refuse Disposal.

Public Health Act, 1936. Section 76.

Controlled tipping on a central site at Castle Grove continued on land owned by Messrs. Sommervell Brothers, which will make a sports field on completion.

No serious complaints were received from local residents, but it is obviously unpleasant to have a refuse tip so near a built up area, and when a new site is required in a few years' time I consider that a more secluded position should be chosen preferably outside the Borough. In the days of horse and cart removal it was necessary to maintain a tip in the town but the introduction of motor transport leaves little excuse for continuing to live almost on top of one's own midden.

Covering material is becoming harder to get, and the efficiency of tipping would be much improved by mechanised equipment for consolidating the refuse and shifting the soil.

Refuse from the slaughterhouse, fish shop and greengrocers is buried in deep pits at Wattsfield.

Salvage of Waste Material.

Salvage Recovery Order, 1949.

Salvage of waste materials was continued during the year. So long as suitable materials are put out for collection and can easily be sorted it may be economical and a fire safeguard to continue their salvage and sale.

Street Cleansing.

Public Health Act, 1936. Section 77.

The main streets are maintained by the staff of the Borough Engineer. The open-air markets cause considerable work but the general appearance of the roads is good. Quite another picture is seen in many of the yards lying behind the main frontage to which the annual reports of my predecessors for the past 50 years have drawn attention.

FOOD AND DRUGS.

General Powers.

Food and Drugs Act, 1938. Section 65.

Your Council bear most of the statutory responsibility for safeguarding the public from foodborne diseases. The main aim is directed towards securing proper and hygienic conditions for the manufacture, preparation and sale of food. The secondary aim is to trace and localise any outbreaks of disease which may occur in spite of preventive measures.

The Minister of Health requires me to state the main types of food premises in the District :—

Bakery and Flour Confectionery	26	Grocers	...	...	...	54
Butchers	...	Licensed Premises	...	...	...	39
Cafés and Snack Bars	...	Sugar Confectionery	...	...	...	48
Chemists	...	Miscellaneous	...	...	...	6
Fishmongers and Greengrocers (including Fried Fish Shops)	...					36

Precautions against Contamination.

Food and Drugs Act, 1938. Section 13.

Recent years have shown steady improvement in the standard of

cleanliness practised by food traders and caterers. A high level has been reached by the majority, but there are still a few who lag badly behind their colleagues. Education and co-operation are preferable to prosecution, and I am confident that this co-operation will continue, because most traders are eager to keep their premises and staff up to scratch in the interests of enterprise and competition. The customer has now been taught to demand clean conditions, and public opinion is constantly proving to be a very powerful ally in our campaign for safer food, safer premises and safer foodhandlers.

The time is now coming to take sterner measures against the small proportion of food traders who are persistently dirty in their ways.

Very few food traders or caterers have taken up my challenge for them to invite their customers to look behind the scenes. It is done with pride by the shipping companies on most of the sea-going liners and I hope that we are not ashamed to do the same on land. It would have a magnificent advertisement value, and the public would be left to draw their own conclusions about the others. A clean kitchen and clean staff are far more important than fancy titivations in the dining room. Every customer should feel confident that the food he eats is safe and has been safely prepared. He has a right to be so protected and your Council are the guardians of that right.

As a further help the bye-laws made under Section 15 of the Act govern the handling and wrapping of food, and also the sale of foodstuffs in the open air, but the responsibility for safe food does not rest entirely with the trader as the housewife must play her part as well. Quite a lot of strange things happen to food between the shop counter and the dinner plate, and the educational campaign has had to be carried into the home. Every link in the chain of infection must be remembered ; that chain hangs as a symbol over every water closet in the district. Personal hygiene is the keynote, whether it be fostered by posters and propaganda, or taught to the children in simple nursery jingles. Foodborne diseases, mild dysenteries and attacks of diarrhoea and vomiting are not infrequent in our homes and among our visitors. I am confident that higher standards will reduce these preventable diseases.

During the year 169 visits were paid to food preparing premises.

Ice Cream Trade.

Food and Drugs Act, 1938. Section 14.

Ice-Cream (Heat Treatment, etc.) Regulations, 1947.

Manufacture by hot mix, cold mix, storage and sale	...	3
Manufacture by cold mix, storage and sale	... ..	3
Storage and sale only	... ..	59

During the year 40 visits of inspection were made to ice-cream preparing premises. On the whole the position is reasonably satisfactory.

Prepared Meats.

Food and Drugs Act, 1938. Section 14.

The number of premises on the register under Section 14 of the Food and Drugs Act, 1938, used for the preparation of sausages, potted meat, preserved meat, pressed meat and pickled foods, was 31 at the year end. No particular difficulties have been encountered in these trades.

Registration of Milk Distributors and Dairies which are not Dairy Farms.

Milk and Dairies Regulations, 1949.

Total number of registered Distributors	29
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Total number of registered Dairies	8
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During the year 260 visits were made under this regulation. The retail distribution of loose milk by the obsolescent jug and hand-can still lingers on as an unsatisfactory feature from the point of view of public health.

Cleanliness of Milk.

Food and Drugs Act, 1938. Section 68.

Designated Milks.

108 samples of designated milk were taken during the year, including 19 pasteurised milks; 12 of these samples were unsatisfactory.

These tests reflected some improvement in the cleanliness and keeping quality of milk. Transport and delivery delays are factors which foster bacterial multiplication in milk but your Council is primarily interested in the actual consumer, who pays extra for the higher cleanliness of designated milk.

Undesignated Milk.

14 samples of undesignated milk were examined for cleanliness and keeping quality during the year. 13 of these were up to the standard of designated milk.

The improvement of last year has been continued and this achievement is praiseworthy because the standard of designated milk is irrationally applied to undesignated milks, and it reflects improved care at all stages between the cow and the consumer.

Pathogenic Organisms in Milk.

Food and Drugs Act, 1938. Section 68.

13 samples were examined biologically in guinea pigs for the presence of tuberculosis organisms and all were free.

The finding of tubercle bacilli in milk is difficult and one must bear in mind the new cases each year from non-respiratory tuberculosis. The growing popularity of the Attested Herds scheme and Tuberculin Tested milk production, together with the pasteurisation of Accredited and ungraded milks will gradually reduce this toll of human suffering which has fallen upon your children in the past.

No instances of other disease-producing organisms in milk were found. We know that *Brucella Abortus*, the organism which causes contagious abortion in cattle and undulant fever in man, can be isolated from a good proportion of bulked milk supplies, and it is probable that mild infections constantly occur. No serious cases have been encountered and the veterinary profession is taking steps to inoculate cattle against the disease.

It was not necessary during the year to stop any milk supply or restrict activities of any milk handlers under the Milk and Dairies Regulations on account of infectious disease.

Designated Milk Licences.

Milk (Special Designation) Regulations.

Your Borough Council is responsible for the granting of dealers and supplementary annual licences for the sale of designated milks. At the year end 25 dealers' licences for tuberculin tested milk and one supplementary licence for pasteurised milk were in force.

Licensed Slaughter-houses and Knackers' Yards.

Food and Drugs Act, 1938. Sections 57-61.

The only slaughter-house is the public abattoir at Sandylands. There are no licensed knackers' yards.

Casualty animals are slaughtered in the same abattoir, but the Ministry of Agriculture has again co-operated by sending animals for slaughter under the Tuberculosis Order as far as possible on days when little or no killings were taking place. Many of these animals sent in by farmers and dealers have very little food value.

On 5th July, 1954, the Government released the meat trade from the control of the Minister of Food and returned it to private enterprise, and your Council had then to consider the future use of their public abattoir. The adjoining Districts asked that the Kendal facilities should continue to serve their needs and agreed to contribute towards the cost of meat inspection and certain structural improvements.

Experience showed that the lairage for live animals awaiting slaughter is quite inadequate for the trade, and your Council decided to enlarge

the accommodation. Plans and estimates for this new building were in preparation at the year end. Almost the whole time of one sanitary inspector is needed for meat inspection.

Slaughtering of Animals.

25,629 animals were slaughtered during 1954 and were inspected by the department. This figure included :—

Beasts	...	...	...	...	...	3,147
Sheep	...	...	...	...	...	15,423
Calves	...	...	...	...	...	2,153
Pigs	...	...	...	...	...	4,906

Condemnation of Meat at the Abattoir.

Food and Drugs Act, 1936. Section 10.

The following is a summary of the carcasses inspected and condemned :—

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	1,693	1,454	2,153	15,423	4,906
Number inspected	1,693	1,454	2,153	15,423	4,906
All diseases except Tuberculosis.					
Whole carcasses condemned	7	33	186	82	19
Carcasses of which some part or organ was condemned	(1) 90	(1) 135	17	(2) 63	229
Percentage of number inspected affected with disease other than Tuberculosis ...	5.7	11.6	9.4	0.9	5.1
Tuberculosis only.					
Whole carcasses condemned	6	7	1	—	3
Carcasses of which some part or organ was condemned	83	178	—	—	126
Percentage of number inspected affected with tuberculosis	5.3	12.8	0.05	—	2.6

NOTES. (1) The following are not included in these figures :— 810 livers and 1,168 part livers, condemned for Distomatosis, Cavernous Angioma etc., no distinction of sexes being kept. Also 500 intestines condemned for Enteritis, Parasites etc., comprising ; Cows 311, Heifers 122, Steers 58 and Bulls 9.

(2) Not included in these figures are 893 livers infested with Parasites.

ANALYSIS OF MEAT CONDEMNATIONS.
Animals from Auction Mart.

Class	Number Killed	Condemnations			
		Total Carcases Condemned	Tuberculosis		Other Causes
			Total Carcases	Portions	Total Carcases
Beasts ...	2,973	24	10	253	14
Sheep ...	15,265	18	—	—	18
Calves ...	2,020	153	1	—	152
Pigs	4,776	29	3	110	26
Total	25,034	324	14	363	210

***Casualty Animals.**

Class	Number Killed	Condemnations			
		Total Carcases Condemned	Tuberculosis		Other Causes
			Total Carcases	Portions	Total Carcases
Beasts ...	182	30	3	8	27
Sheep ...	171	67	—	—	67
Calves ...	134	33	—	—	33
Pigs	144	10	—	—	10
Total	631	140	3	8	137

* These figures relate only to the period ending 29th June on which date Ministry of Food control of slaughtering ceased.

Tuberculosis detected.

186 cases out of	1,454 cows	...	...or 12·8%
61 „ „ „	1,177 heifers	...	... „ 5·2%
22 „ „ „	451 steers	...	... „ 4·9%
5 „ „ „	65 bulls	...	... „ 7·7%
1 case „ „	2,153 calves	...	... „ 0·05%
No cases „ „	15,423 sheep	...	... —
129 „ „ „	4,906 pigs	...	... „ 2·6%

The past year showed again another very marked reduction in the number of tuberculous cattle, due probably to the eradication policy for the area.

The figure would be lower still but for the fact that in order to meet the requirements of the population cattle had to be bought from other parts of the country, and it is in these that the incidence of Tuberculosis was highest.

On the return to buying and slaughtering by individual butchers in July this year, there was a sharp decline in the number of casualties presented at the Abattoir. Those that were received were animals in immediate need of slaughter mainly because of injuries.

There were also a fair number of animals, which, though not strictly "Casualties", were of poor quality and were bought by Butchers on a dead weight basis only after they had been inspected and passed as fit for human consumption.

Most tubercular cows are sent for slaughter only when they have ended their working life or have become casualties. As bovine tuberculosis is a progressive disease its incidence is directly related to the age of the animal. These cows were not necessarily excreting tubercle bacilli in the milk, but we know that involvement of the udder occasionally occurred.

Apart from the public health aspects of the transmission of bovine tuberculosis to man these infections cause a very serious financial loss to farmers and deprive the nation of much needed additional milk and meat supplies.

All condemned meat is obtained with an indelible dye and is salvaged for conversion into animal and poultry foods. No instances have been brought to notice of pets' food being purchased for human consumption. A warning is necessary in the handling of such foods ; care must be taken to keep all utensils and preparation benches separate from human food, and careful washing of the hands after handling pets' food is advised to prevent contamination from infected meats.

Meat Condemnation after Distribution.

Food and Drugs Act, 1938. Sections 10 and 12.

The following meat was condemned in the course of distribution or at retail premises :—

672 lbs. of beef, 2 carcasses and 2 sides of pork, and 2 carcasses of mutton.

Condemnation of Other Foodstuffs.*Food and Drugs Act, 1938. Sections 10-12.*

The following foodstuffs were condemned in shops and warehouses :—

Tins.

Cream	...	...	33	Meat	...	...	239
Creamed Rice	...	...	2	Milk	...	...	255
Fish	...	...	107	Soup	...	...	40
Fruit	...	...	595	Vegetables	...	...	273

Packets.

Cereals	...	...	36	Rusks	...	...	9
Cheese Spread	...	...	52	Salt	...	...	4
Cornflour	...	...	36	Tea	...	...	1
Glaze Cherries	...	...	3				

Jars.

Apricots	...	...	1	Mint Sauce	...	...	1
Bloater Paste	...	...	1	Ox Tongue Spread	...	...	2
Fruit Salad	...	...	1	Peanut Butter	...	...	1
Honey	...	...	2	Pears	...	...	1
Jam	...	...	45	Piccalilli	...	...	1
Lemon Cheese	...	...	1	Pickled Beetroot	...	...	3
Marmalade	...	...	39	Pickled Cabbage	...	...	3
Mincemeat	...	...	11	Potted Chicken	...	...	11

Miscellaneous.

Bacon	...	...	462 $\frac{1}{4}$ lbs.	Gravy Browning	...	1 gallon
Blackcurrant Juice			3 bottles	Ham	...	161 lbs.
Cake	...	...	4 $\frac{3}{4}$ lbs.	Jellies	...	... 73
Cheese.	1 Whole Blue			Margarine	...	... $\frac{1}{2}$ lb.
Vein	...	...	143 lbs.	Pies	...	... 24
Chocolate Biscuits			44 lbs.	Prunes	...	3 $\frac{1}{2}$ lbs.
Cream Peppermint			56 lbs.	Sauce	...	6 bottles
Cydrax	...	...	1 quart	Sausages	...	12 lbs.
Dried Apricots	...		40 lbs.	Shrimps	...	4 quarts
Fish	...	11 stones	4 lbs.	Sweets	...	52 lbs.
Fish Cakes	...	...	9 lbs.	Tongue	...	3 lbs.
Flour	...	...	55 lbs.			

Method of Disposal of Condemned Food.

The Minister of Health requires me to describe the current methods for the disposal of condemned food. In this District it is by burial at Wattsfield.

GENERAL SANITARY INSPECTION.

Establishment.

The establishment of the Sanitary Department was one Chief Sanitary Inspector, two Additional Inspectors and one Clerk. The strength of the department was maintained during the year.

Organisation.

The Chief Sanitary Inspector had, of necessity, considerable administrative duties in the running of his department, the preparation of material and attendance at your Committees, and his availability for outside duties was restricted. This is the usual position in most authorities.

The Second Inspector was mainly engaged on general duties outside the office in connection with the execution of your statutory responsibilities.

The Third Sanitary Inspector spent the greater part of his time at the abattoir on meat inspection, and the balance on general sanitary inspection.

The Clerk assists by relieving the burden of office work from the technical staff. It is desirable that the time of the technical staff should not be dissipated on clerical duties, but a certain amount of office work can be done only with that technical knowledge.

Cemeteries administration constituted a measure of misemployment, and I hope that at some future date it may be transferred to a more appropriate department of your Corporation.

Impending legislation suggests that many extra burdens will be imposed upon the department in the near future, and some extra help may be needed.

The tabulated summary of the work of the Sanitary Inspectors provides some indication of the time spent on the multifarious duties of the department, the more theoretical aspects of which you have studied in this entire Annual Report :—

Inspection of dwellings...	...	...	...	...	748
„ „ yards	...	...	...	...	205
Visits to Public Slaughterhouses	...	...	...	...	774
„ „ Offensive Trades	...	...	...	...	75
Inspections of Common Lodging Houses	...	...	...	...	10
„ in connection with Milk Distribution	...	...	...	...	260
Stables and Piggeries	...	...	...	...	10
Refuse Disposal and Salvage	...	...	...	...	326
Drainage Works	...	...	...	...	125

Works in Progress	...	...	...	...	...	182
Bakehouses	...	...	...	...	...	19
Food Premises	...	...	...	...	...	150
Ice Cream Premises	...	...	...	...	...	40
Factories and Workshops	...	...	...	...	...	90
Tents, Vans and Sheds	...	...	...	...	...	14
Shops Acts	...	...	...	...	...	31
Miscellaneous	...	...	...	...	...	71
Complaints	...	...	...	...	...	101
Drains Tested	...	...	...	...	...	20
Drains Inspected	...	...	...	...	...	40
Disinfestation Visits	...	...	...	...	...	380
Housing Management	...	...	...	...	...	82
Condemned Property	...	...	...	...	...	87
Smoke Abatement	...	...	...	...	...	40
Overcrowding	...	...	...	...	...	20
Schools	...	...	...	...	...	21
Spouts	...	...	...	...	...	17
Infectious Diseases	...	...	...	...	...	54
Cinemas	...	...	...	...	...	12
Licensed Premises	...	...	...	...	...	31
Mortuary	...	...	...	...	...	15
Pests Act	...	...	...	...	...	302
Burial Grounds	...	...	...	...	...	90
						<hr/> 4,442 <hr/>

Offensive Trades.

Public Health Act, 1936. Section 107.

The carrying out of the following offensive trades in the Borough has not given rise to any undue nuisance.

Fellmonger	...	...	...	...	...	1
Carcase Boilers	...	...	...	...	...	2
Tallow Melter	...	...	...	...	...	1
Tripe Boiler	...	...	...	...	...	1
Gut Scraper	...	...	...	...	...	1
Rag and Bone Dealer	...	...	...	...	...	2

Factories.

Factories Act, 1937.

The duties and responsibilities of your Council are not being fully carried out for the staffing reasons to which I have already referred, although much leeway has been made good.

Inspections.

Premises	Number of Premises	Number of		
		Inspection	Written Notices	Occupiers Prosecuted.
Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	191	90	—	—
Factories not included in (1), in which Section 7 is enforced by the Local Authority	—	—	—	—
Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises.)	—	—	—	—
TOTAL	191	90	—	—

No defects were found.

There are 191 factories on the register. 90 inspections were made and no written notice served. No references were made to H.M. Inspector and none were received from him.

One outworker was notified to your Council by factory owners.

There are no recognised basement bakehouses in the Borough.

No certificates were issued approving the means of escape in case of fire in a factory.

Form 572 (revised) was sent directly to the Minister of Labour and National Service, giving details of the Borough Council's administration of the relevant sections of Parts I and VIII of the Factories Act, 1937, in accordance with Section 127 of that Act.

Shops Act, 1950.

31 visits were made under the Shops Act for the supervision of sanitary accommodation, washing facilities and the maintenance of suitable temperatures.

Common Lodging Houses.

Public Health Act, 1936. Part IX.

Only one common lodging house at Waterside remains on the register ; 10 visits were paid during the year.

Rent Restriction Acts.

Two cases arose in connection with rent restriction and were remedied.

Several cases were noticed when the necessary entries prescribed by the Housing and Rent Restriction Acts were not entered in rent books. All these were rectified upon the department's intimation to the agents or landlords.

Smoke Abatement.

Public Health Act, 1936. Sections 101-106.

40 visits were paid in connection with smoke abatement. Lack of suitable fuel is a great drawback in securing as clean an atmosphere as would be desirable.

Laboratory Services.

National Health Service Act, 1946. Section 17.

The Laboratory attached to Westmorland County Hospital in Kendal provided many of the necessary examinations of material obtained by the department. This laboratory has given extremely valuable service to the southern part of the County.

Since 1947 the Public Health Laboratory Service with which the Kendal Laboratory is associated, undertook to carry out, free of charge, all laboratory examinations which were of an epidemiological nature. This policy relieved the Council of the expense of many routine examinations and will encourage the general practitioners to make fuller use of modern laboratory diagnostic aids.

National Assistance Act, 1948.

Section 47—Compulsory Removal.

During the year it was necessary to exercise the sad duty of obtaining Court Orders for the compulsory removal to hospital of two persons who were incapable of being looked after in their own homes.

One was a disabled elderly man who had been under observation for a long time, but, when care by his local relatives finally broke down, his condition deteriorated and he had to be taken to hospital. On expiry of the Court Order he remained voluntarily in hospital and was eventually discharged to the care of relatives outside the County.

The other patient was an old lady living alone in a large house, chronically ill and chair-fast in her drawing-room. The situation

became too strained for the kindly help of neighbours and her local relatives, and she became progressively unbalanced. Although the accelerated procedure was used to obtain the Court Order the patient deteriorated rapidly and unfortunately died in the ambulance on the way to hospital.

Such cases are extremely distressing to deal with and the course of compulsory removal is reserved to meet the emergencies of a last resort when all other methods of help have failed. Sometimes it is very hard to decide what is really in the best interests of the patient.

Pests Act, 1949.

During the year 163 premises were surveyed under the provisions of the Act. 107 premises were found to be infested by rats or mice and were treated by the Department.

45 complaints of rats or mice were received during the year.

A six-monthly routine treatment of baiting and poisoning was given to two central areas of the town where rodents were known to be using the sewers. In all 36 manholes were visited and of these 12 showed pre-bait takes and 8 had poison takes.

The second treatment and test-bait throughout the remainder of the town was not carried out due to the abnormal weather conditions experienced during the autumn.

Pet Animals Act, 1951.

1 licence lapsed during the year due to the shopkeeper giving up business.

This leaves 2 shops licensed. No particular difficulties were encountered in supervision.

Byelaws.

Byelaws on public health matters are in force with regard to :—

- Public Slaughterhouses.
- Smoke Abatement.
- Building.
- Food Handling.

New Legislation.

Housing Repairs and Rents Act, 1954, became operative on 13th July, 1954.

Food and Drugs Amendment Act, 1954, became operative on 5th July, 1954.

APPENDIX "A"

Laboratory Examination of Public Water Supplies.

Nature of Test				Standards Max.	Fisher Tarn	Birds Park	Mints Feet
<i>Pr. coli</i> count 37° ...				3-10	0	0	0
Faecal coli/strep ...				0			
Character ...				—	Clear	Clear	Clear
Reaction ...				—	7.3	7.2	6.8
Ammonical Nitrogen ...				.041	.01	.01	.01
Albuminoid Nitrogen ...				.066	.05	.06	.07
Total Solids ...				1000	80	83.2	141.6
Hardness {	Total ...			300	31	46	106
	Carbonate ...			—	—	—	—
	Non-Carbonate ...			—	—	—	—
Chlorides ...				30	10.0	11.0	10.5
Nitrates ...				1	0	0	0
Nitrites ...				—	Trace	.8	3.1
0.2 Absorbed ...				1	1.04	.58	.23
Heavy Metals ...				—	—	—	—
Rainfall (24 hours) ...				—	.04"	.04"	.0"4
Date Sampled ...				—	6/1/54	6/1/54	6/1/54
Laboratory ...				—	Liverpool	Liverpool	Liverpool

Chemical analyses expressed in parts per million.

APPENDIX "B"

HOUSING.

Number of new houses erected during the year :—

(1) By the Local Authority	...	...	...	...	...	70
(2) By other bodies or persons	...	...	...	...	...	46
Total						116

Inspection of Dwellinghouses during the year :—

(1) (a) Total number of dwellinghouses inspected for housing defects (under Public Health or Housing Acts)	275
(b) Number of inspections made for the purpose	748
(2) (a) Number of dwellinghouses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	61
(b) Number of inspections made for the purpose	61
(3) Number of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	32
(4) Number of dwellinghouses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	21
2. Remedy of Defects during the year without service of Formal Notices :—	
Number of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or their officers	21
3. Action under Statutory Powers during the year :—	
(a) Proceedings under Section 9, 10 and 16 of the Housing Act, 1936 :—	
(1) Number of dwellinghouses in respect of which notices were served requiring repairs	Nil.

(2) Number of dwellinghouses which were rendered fit after service of formal notices :—

(a) By Owners Nil.

(b) By Local Authority in default of Owners ... Nil.

(b) Proceedings under Public Health Acts

(c) Proceedings under Section 11 and 13 of the Housing Act 1936 :—

(i) Number of dwellinghouses in respect of which
Demolition Orders were made ... Nil.

(2) Number of dwellinghouses demolished in pursuance of Demolition Orders	2
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(d) Proceedings under Section 12 of the Housing Act, 1936 :—

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	4
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(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined the tenement or room having been rendered fit	Nil.
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4. Housing Act, 1936. Part IV—Overcrowding :—

(a) (i) Number of dwellings overcrowded at the end of
the year

(ii) Number of families dwelling therein

(iii) Number of persons dwelling therein

(b) Number of new cases of overcrowding reported during
the year

(c) (i) Number of cases of overcrowding relieved during
the year

(ii) Number of persons concerned in such cases ...

(d) Particulars of any cases in which dwellinghouses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding...

(e) Any other particulars with respect to overcrowding conditions upon which the Medical Officer of Health may consider it desirable to report.

